OFFICE OF THESHERIFF+ FULTON COU:\TY +SHERIFF RICHARD C. GIARJ)JNO

F.O.I.L. RECORDS REQUEST

WITHIN 5 BUSINESS DAYS YOU WILL BE NOTIFIED OF: THE COST OF AVAILABLE RECORDS

OR:

RECORDS DENIAL WITH THE BASIS FOR THE DENIAL OR:

ACKNOWLEDGEMENT OF REQUEST WITH TIME ESTIMATE NEEDED TO FILL REQUEST

A REPORT FEE OF \$.25 PER PAGE IS DUE PRIOR TO RELEASE OF RECORDS PHOTOGRAPHS ARE SUBJECT TO THEIR OWN FEE SCHEDULE YOU WILL RECEIVE RECORDS REQUESTED UPON RECEIPT OF PAYMENT!

DATE:		PHONE:	_
NAME:			_
	(PROO	F OF IDENTIFICATION REQUIRED)	_
ADDRESS: _			_
EMAIL:			_
INVOLVEM (explain)	ENT: Complai	nant: Victim: Witness: Other:	
REPORT/RE (explain)	CORD TYPE:	Incident: MVA Investigation: Other:	
Report#:		Background Check: Photographs	:
REASON:	Insurance:Other:	Attorney/Court: Personal Record: En	nployer:
DIGIDENE I		(explain)	_
INCIDENTI	LOCATION:	DATE/TIME:	
BRIEF DESC	CRIPTION OF IN	NCIDENT:	
		**************	******
	E USE ONLY: Denied:	Referred To:	

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